

CHAPTER 2  
SECTION 7.2

PROVIDER EDIT REQUIREMENTS (ELN 100 - 199)

<b>ELEMENT NAME: AMERICAN HOSPITAL ASSOCIATION ID NUMBER (3-100)</b>	
<b>VALIDITY EDITS</b>	
3-100-01V	MUST BE LEFT JUSTIFIED AND BLANK FILLED OR BLANK.
<b>RELATIONAL EDITS</b>	
3-100-01R	IF INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL THEN AMERICAN HOSPITAL ASSOCIATION (AHA) ID NUMBER MUST= BLANK.
<b>ELEMENT NAME: AHA MULTI-HOSPITAL SYSTEM CODE (3-105)</b>	
<b>VALIDITY EDITS</b>	
3-105-01V	MUST BE NUMERIC OR BLANK.
<b>RELATIONAL EDITS</b>	
3-105-01R	IF INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL THEN AHA MULTI-SYSTEM CODE MUST = BLANK.
<b>ELEMENT NAME: MEDICARE NUMBER (3-110)</b>	
<b>VALIDITY EDITS</b>	
3-110-01V	FIRST TWO DIGITS MUST BE VALID MEDICARE STATE CODE, IF PRESENT (REFER TO CHAPTER 2, ADDENDUM B, FIGURE 2-B-2) THIRD DIGIT MUST BE ONE OF THE FOLLOWING MEDICARE TYPE OF INSTITUTION CODES - 'S', 'T', 'U', 'W', 'Y', 'Z', '0', '1', '2', '3', '4', '5', '6', '7', '8', '9' DIGITS 4-6 MUST BE NUMERIC
<b>RELATIONAL EDITS</b>	
3-110-01R	IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) IS NOT BLANK AND PROVIDER STATE/ COUNTRY CODE ≠ PRI PUERTO RICO THEN MEDICARE NUMBER MUST = BLANK.
3-110-02R	IF INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL THEN MEDICARE NUMBER MUST = BLANK.
3-110-03R	IF DRG EXEMPT/NON-EXEMPT INDICATOR = N DRG NON-EXEMPT THEN MEDICARE NUMBER CANNOT = BLANK.

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**ELEMENT NAME: PROVIDER ACCEPTANCE DATE (3-115)**

**VALIDITY EDITS**

**3-115-01V** MUST BE A VALID GREGORIAN DATE OR ALL ZEROES.

**RELATIONAL EDITS**

**3-115-01R** PROVIDER TERMINATION DATE  $\geq$  PROVIDER ACCEPTANCE DATE

**OR PROVIDER TERMINATION DATE = ZEROES**

**3-115-02R** IF PROVIDER ACCEPTANCE DATE = ZEROES

**THEN PROVIDER TERMINATION DATE MUST = ZEROES**

**ELEMENT NAME: PROVIDER TERMINATION DATE (3-120)**

**VALIDITY EDITS**

**3-120-01V** MUST BE A VALID GREGORIAN DATE OR ALL ZEROES.

**RELATIONAL EDITS**

**3-120-01R** PROVIDER ACCEPTANCE DATE  $\leq$  PROVIDER TERMINATION DATE

**ELEMENT NAME: RURAL/URBAN INDICATOR (3-125)**

**VALIDITY EDITS**

**3-125-01V** MUST BE A VALID RURAL/URBAN INDICATOR.

**RELATIONAL EDITS**

**3-125-01R** IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) IS NOT BLANK

**AND** PROVIDER STATE/  
COUNTRY CODE  $\neq$  PRI PUERTO RICO

**THEN RURAL/URBAN INDICATOR MUST = BLANK.**

**3-125-02R** IF DRG EXEMPT/NON-EXEMPT  
INDICATOR = C DRG NON-EXEMPT/CONTRACTOR  
REIMBURSEMENT ARRANGEMENT OR

N DRG NON-EXEMPT

**AND** INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = I INSTITUTIONAL

**THEN RURAL/URBAN  
INDICATOR MUST = L LARGE URBAN OR**

R RURAL OR

U URBAN

**ELSE RURAL/URBAN INDICATOR MUST = BLANK**

**ELEMENT NAME: IDME RATIO (3-130)**

**VALIDITY EDITS**

**3-130-01V** MUST BE NUMERIC.

**RELATIONAL EDITS**

**3-130-01R** IF INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL

**THEN IDME RATIO MUST = 0.**

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<b>ELEMENT NAME: IDME RATIO EFFECTIVE DATE (3-135)</b>	
<b>VALIDITY EDITS</b>	
<b>3-135-01V</b>	MUST BE A VALID GREGORIAN DATE OR ALL ZEROES.
<b>RELATIONAL EDITS</b>	
<b>3-135-01R</b>	IF IDME RATIO = 0 THEN IDME RATIO EFFECTIVE DATE MUST = ALL ZEROES

  

<b>ELEMENT NAME: AREA WAGE INDEX (3-140)</b>	
<b>VALIDITY EDITS</b>	
<b>3-140-01V</b>	MUST BE NUMERIC.
<b>RELATIONAL EDITS</b>	
<b>3-140-01R</b>	IF INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =           N   NON-INSTITUTIONAL THEN AREA WAGE INDEX MUST = 0.
<b>3-140-02R</b>	IF DRG EXEMPT/NON-EXEMPT INDICATOR =                                   N   DRG NON-EXEMPT THEN AREA WAGE INDEX MUST ≠ 0.

  

<b>ELEMENT NAME: AREA WAGE INDEX EFFECTIVE DATE (3-145)</b>	
<b>VALIDITY EDITS</b>	
<b>3-145-01V</b>	MUST BE A VALID GREGORIAN DATE OR 0.
<b>RELATIONAL EDITS</b>	
<b>3-145-01R</b>	IF AREA WAGE INDEX = 0 THEN EFFECTIVE DATE MUST = 0 OR MUST BE VALID GREGORIAN DATE.

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**ELEMENT NAME: DRG EXEMPT/NON-EXEMPT INDICATOR (3-150)**

**VALIDITY EDITS**

**3-150-01V** MUST BE A VALID DRG EXEMPT/NON-EXEMPT INDICATOR

**RELATIONAL EDITS**

**3-150-01R** IF INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL  
**THEN** DRG EXEMPT/NON-EXEMPT INDICATOR MUST BE BLANK.

**3-150-02R** IF INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = I INSTITUTIONAL  
**THEN** DRG EXEMPT/NON-EXEMPT INDICATOR MUST **NOT** = BLANK.

**3-150-03R** IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) IS **NOT** BLANK

**AND** PROVIDER STATE/  
COUNTRY CODE ≠ PRI PUERTO RICO

**AND** INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = I INSTITUTIONAL

**THEN** DRG INDICATOR  
MUST = E DRG EXEMPT

**3-150-04R** IF INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = I INSTITUTIONAL

**AND** PROVIDER STATE/  
COUNTRY CODE ≠ MD MARYLAND

**THEN** DRG EXEMPT/NON-  
EXEMPT INDICATOR  
MUST = E DRG EXEMPT

**3-150-05R** IF DRG EXEMPT/NON-EXEMPT  
INDICATOR = C DRG NON-EXEMPT/CONTRACTED  
REIMBURSEMENT ARRANGEMENT **OR**  
N DRG NON-EXEMPT

**AND** INSTITUTIONAL/NON-  
INSTITUTIONAL INDICATOR = I INSTITUTIONAL

**THEN** PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST = DRG NON-  
EXEMPT (REFER TO [CHAPTER 2, ADDENDUM D](#)).

**ELEMENT NAME: DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE (3-155)**

**VALIDITY EDITS**

**3-155-01V** MUST BE A VALID GREGORIAN DATE **OR** 0.

**RELATIONAL EDITS**

**3-155-01R** IF DRG EXEMPT/NON-EXEMPT INDICATOR = BLANK  
**THEN** DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE MUST = 0  
**ELSE** EFFECTIVE DATE MUST BE VALID GREGORIAN DATE.

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PROVIDER EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME: TRANSACTION CODE (3-160)			
VALIDITY EDITS			
3-160-01V	TRANSACTION CODE MUST =	A	ADD A RECORD OR
		I	INACTIVATE A RECORD OR
		M	MODIFY A RECORD
RELATIONAL EDITS			
3-160-01R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN ZIP CODE (FIRST 5 DIGITS)		
AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST BE UNIQUE FOR THE PROVIDER TAXPAYER NUMBER.			
3-160-02R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND IF INSTITUTIONAL/ NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN PROVIDER TAXPAYER NUMBER		
	AND PROVIDER SUBIDENTIFIER		
	AND ZIP CODE (FIRST 5 DIGITS)		
	MUST NOT ALREADY EXIST ON THE PROVIDER FILE.		
3-160-03R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	AND THE PROVIDER TAXPAYER NUMBER		
	AND ZIP CODE (FIRST 5 DIGITS) ARE THE SAME AS AN EXISTING RECORD ON THE PROVIDER FILE,		
	AND THE FIRST CHARACTER OF THE PROVIDER SUBIDENTIFIER IS ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN 001		
	THEN THE FIRST CHARACTER OF THE PROVIDER SUBIDENTIFIER MUST MATCH AN EXISTING SUBIDENTIFIER (WHICH ENDS IN '001') FOR THIS TAXPAYER NUMBER AND ZIP CODE (FIRST 5 DIGITS) ON THE PROVIDER FILE. THIS LEADING ALPHA PREFIX MUST BE FOLLOWED BY THREE UNIQUE NUMERIC DIGITS		
OR THE FIRST TWO CHARACTERS OF THE PROVIDER SUBIDENTIFIER ARE ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN '01'. THE FIRST TWO CHARACTERS OF THE PROVIDER SUBIDENTIFIER MUST MATCH AN EXISTING SUBIDENTIFIER (WHICH ENDS IN '01') FOR THIS TAXPAYER NUMBER AND ZIP CODE ON THE PROVIDER FILE. THE ALPHA PREFIX MUST BE FOLLOWED BY TWO UNIQUE NUMERIC DIGITS.			
3-160-04R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	AND PROVIDER MAJOR SPECIALTY =	MEDICAL SUPPLIERS (FIRST 4 DIGITS) = 332B OR AMBULANCE SVC SUPPLIERS (FIRST 4 DIGITS) = 3416 OR	

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**ELEMENT NAME: TRANSACTION CODE (3-160) (CONTINUED)**

			CLINICAL MEDICAL LABORATORY = 291U00000X OR
			PHARMACY = 333600000X OR
			HOME HEALTH CARE AGENCY = 2514H0200X OR
			FACILITY CHARGE = 287300000X, 281P00000X, 281PC2000X, 282N00000X, 282NC2000X, 282NR1301X, 282NW0100X, 2865C1500X, 2865M2000X, 2865X1600X, 283Q00000X, 283X00000X, 283XC2000X, 284300000X
			<b>THEN BYPASS EDIT</b>
	<b>ELSE IF TRANSACTION CODE =</b>	<b>A</b>	<b>ADD A RECORD</b>
	<b>AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =</b>	<b>N</b>	<b>NON-INSTITUTIONAL</b>
	<b>AND THE FIRST CHARACTER OF THE SUBIDENTIFIER IS ALPHABETIC</b>		
	<b>THEN PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST 5 DIGITS) MUST NOT ALREADY EXIST ON THE PROVIDER FILE WITH A NUMERIC SUBIDENTIFIER</b>		
<b>3-160-05R</b>	<b>IF TRANSACTION CODE =</b>	<b>A</b>	<b>ADD A RECORD</b>
	<b>AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =</b>	<b>N</b>	<b>NON-INSTITUTIONAL</b>
	<b>AND PROVIDER SUBIDENTIFIER IS NUMERIC</b>		
	<b>AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION ≠</b>		<b>MEDICAL SUPPLIERS (FIRST 4 DIGITS) = 332B OR</b>
			<b>AMBULANCE SVC SUPPLIERS (FIRST 4 DIGITS) = 3416 OR</b>
			<b>CLINICAL MEDICAL LABORATORY = 291U00000X OR</b>
			<b>PHARMACY = 333600000X OR</b>
			<b>HOME HEALTH CARE AGENCY = 2514H0200X OR</b>
			<b>FACILITY CHARGE = 287300000X, 281P00000X, 281PC2000X, 282N00000X, 282NC2000X, 282NR1301X, 282NW0100X, 2865C1500X, 2865M2000X, 2865X1600X, 283Q00000X, 283X00000X, 283XC2000X, 284300000X OR</b>
			<b>AMBULATORY HEALTH CARE FACILITIES/CLINIC/ CENTER -- BIRTHING - 261QB0400X</b>
	<b>THEN NO PROVIDER RECORD MAY EXIST ON THE PROVIDER FILE WITH THE SAME PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST 5 DIGITS) AND AN ALPHABETIC CHARACTER IN THE SUBIDENTIFIER.</b>		
<b>3-160-06R</b>	<b>IF TRANSACTION CODE =</b>	<b>I</b>	<b>INACTIVATE A RECORD OR</b>
		<b>M</b>	<b>MODIFY A RECORD</b>
	<b>AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =</b>	<b>I</b>	<b>INSTITUTIONAL</b>
	<b>THEN AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION. (IN THE CASE OF FOREIGN COUNTRY, ZIP WILL BE BLANK; ANY DUPLICATES ADDED WILL HAVE TO BE ASSIGNED ANOTHER PROVIDER TAXPAYER NUMBER.)</b>		

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PROVIDER EDIT REQUIREMENTS (ELN 100 - 199)

**ELEMENT NAME: TRANSACTION CODE (3-160) (CONTINUED)**

<b>3-160-07R</b>	IF TRANSACTION CODE =	I	INACTIVATE A RECORD <b>OR</b>
		M	MODIFY A RECORD

<b>AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =</b>	N	NON-INSTITUTIONAL
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**THEN** AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER SUBIDENTIFIER, AND PROVIDER ZIP CODE.

<b>3-160-08R</b>	IF TRANSACTION CODE =	I	INACTIVATE A RECORD
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<b>AND INSTITUTIONAL/NON- INSTITUTIONAL INDICATOR =</b>	N	NON-INSTITUTIONAL
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<b>AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION (FIRST 4 POSITIONS) =</b>	261Q	AMBULATORY HEALTH CARE FACILITIES
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**THEN** ALL ASSOCIATED RECORDS USING THE SAME PROVIDER TAXPAYER NUMBER AND PROVIDER ZIP CODE AND THE SAME ALPHA PREFIX OF THE SUBIDENTIFIER MUST ALSO BE INACTIVATED.

**ELEMENT NAME: RECORD EFFECTIVE DATE (3-165)**

**VALIDITY EDITS**

<b>3-165-01V</b>	MUST BE A VALID GREGORIAN DATE.
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**RELATIONAL EDITS**

NONE

